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Attorney for Plaintiff

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SABRINA PENCEAL, SHIREEF
JONES and KRISTY WALDRIP,
Individually and on behalf of all others
similarly situated,

Plaintiffs,

vs.

EMPIRE BEAUTY SCHOOL INC.,
EEG INC., EEG LLC, CHIC SCHOOLS,
INC., EMPIRE EDUCATION GROUP,
INC., FRANK SCHOENEMAN,
MICHAEL D. BOUMAN, REGIS
CORPORATION, and "John Doe
Entities", name fictitious, name and
number unknown, all conducting
business as the Empire Education Group,

Defendants.

Case No.: 1:13-cv-7572-WHP

**NOTICE OF FILING OF CONSENT
TO JOINDER UNDER 29 U.S.C. §
216(b)**

S I R S:

PLEASE TAKE NOTICE that annexed hereto is a Consent to Joinder pursuant
to 29 U.S.C. § 216(b) which is to be filed with the Clerk of the Court as of the date

1 hereof on behalf of Miriam Donis.

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3 Dated: June 9, 2014

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5

Leon Greenberg, Esq.

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/S/ Leon Greenberg

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By:

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Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SABRINA PENCEAL, et al.

Docket No.: 13-CV-7572-WHP

Plaintiffs,

vs.

EMPIRE BEAUTY SCHOOL INC., et
al.,

CONSENT TO JOIN CASE
UNDER 29 U.S.C. § 216(b)

Defendants.

By signing below:

1. I agree to join this case under 29 U.S.C. § 216(b) to make a claim for unpaid minimum wages under the Fair Labor Standards Act;
2. State that, to the best of my knowledge, I performed work in an Empire Beauty School Salon within the three years prior to the date I have signed this consent form and I was not paid anything, except possibly tips from customers, for that work;
3. Understand that my attorney in this case will be Leon Greenberg of 2965 South Jones Boulevard Suite E-4, Las Vegas, Nevada, 89146, (702) 383-6085, and such other attorneys as he may associate with. I understand my attorney shall only receive a fee for representing me if money is collected on my claim and the amount of his fee shall be decided by the Court. I understand that fee, if any, will be paid by defendants in this case or as a percentage of the amount collected for me.
4. I am authorizing the named plaintiffs in this case to act as my agents and make decisions about this case for me. I also understand that the Court shall have to review and approve any proposed settlement of my claim and any payment to my attorney.

Miriam E. Denis
SIGNATURE

5-1-14
Date

Miriam Denis
Printed Name

401 481 5288
Telephone (optional)

1705 Chalkstone ave #
Mailing Address

E-mail (optional)
Providence, R.I.
Location of Beauty
School You Attended
(City, State)

Providence R.I. 02909
City State Zip Code